



DENTAL BOARD OF CALIFORNIA
1432 HOWE AVENUE, SUITE 85
SACRAMENTO, CA 95825-3241
TELEPHONE: (916) 263-2300
FAX: (916) 274-5970



CERTIFICATION OF DIPLOMA

TO THE DENTAL BOARD OF CALIFORNIA OF THE STATE OF CALIFORNIA:

REGARDING: _____

Name of Applicant

I AM THE OFFICIAL in charge of the records _____

Name of College or University

and make this declaration for and on behalf of said educational institution.

I HEREBY DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA that I have compared the attached copy of the diploma granted to the above-named applicant and certify that said diploma is a true and exact copy of the genuine, original diploma conferred by this educational institution.

EXECUTED AT _____

Location/Country

this _____ day of _____, _____.

Month

Year

 Name of College/University

**SCHOOL
SEAL**

BY: _____

Signature

 Title

THIS CERTIFICATION MUST BE ATTACHED TO ORIGINAL COPY OF DIPLOMA